

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

		ober 1	October 15	\$0.95	
	County Number	District Name		Legal Entity Number	
	50	Choteau Pi	ublic Schools	0883 0884	
Length of Route				Rated Capacity	
58		Bus Route Mileage		16	
License #				tor Owned	
B881		□ Contract - If so, Name of Owner Kermit Rolandson □ Contracted rate per mile			
	must n	natch budget!			
		Legal Entity	Lega	I Entity	
	.00	%	%		
	ELEMENTARY	RIDERS	HIGH SCHOOL RIDERS	TOTAL	
rten pupils riding			(Grades 9-12)	ELIGIBLE RIDERS	
	a NUMBE	-R	b NUMBER	c a + b	
Kindergarten riders)				G. 1. 2	
d Service					
eement that would to be eligible) rgarten riders)					
We further certify that bus and bus route by the meets the minimum is censed, qualified and a coliciting or causing other of the laws, rules or regues district lines and transhall be attached to the occurring during the scregistration of schopproved by and with	this bus transports pupils the State Superintendent; the State Superintendent; the Standards as established approved driver to operate ers to solicit students from ulations governing school ansports students from out the county superintendent's c	eligible for school trar to make such reports to y the Board of Public I such vehicle as required other transportation at transportation will be se side the district, a cop- copy of this document. of an amended TR-1 in	nsportation as defined by 20-10-10 to the State Superintendent and Cieducation, the Montana Highway I red by 20-10-103, MCA. reas. sufficient cause for withholding of sy of the agreement between Board form and approval of the County Technology of the best of my key complete to the best of my key complete.	11, MCA. Dunty Superintendent as are Patrol and the State state and county reimbursement for ds, 20-10-126(2) MCA, signed by ransportation Committee in nowledge and belief, and the	
	d State Reimbursemen		dance with Section 20-10-13 d and I certify that this bus ope	2, MCA. erates within the transportation	
n tree	License # B881 License # B881 Legal Entity Oi % 50 Arten pupils riding Will operate entirely on We further certify that bus and bus route by the meets the minimum seensed, qualified and a biliciting or causing other fithe laws, rules or registration of school registration registration of school registration regi	Length of Route (miles per day) 58 License # B881 Enter the legal entity number and percentage must recommend to the legal Entity on the route established by the State Superintendent; of the legical Entity on the route established by the State Superintendent; of the laws, rules or regulations governing school fittle laws, rules or regulations governing school ses district lines and transports students from out shall be attached to the county superintendent; or registration of school bus and state reimber proved by and within the transportation is registration of school bus and state reimber proved by and within the transportation is proproved by and within the transportation is considered.	Length of Route (miles per day) Same	Length of Route (miles per day) Secondary Type of Service Bus Route Mileage Contract - If so, Name of Owner Kermit Contracted rate per mile Contracted rate per mile Legal Entity L	



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Teton Choteau Public Schools 0883 0884 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 92 36 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Kermit Rolandson 3025 B882 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0883 0884 50.00 % 50.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Teton Choteau Public Schools 0883 0884 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 95 60 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Kermit Rolandson B883 6775 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0883 0884 50.00 % 50.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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School Year 2004 - 2005

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Date

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Due Dates: All Routes To County Number October 1 To County Number To County Number To County Number District Name Legal Entity Number Teton So Pairfield Public Schools 0890 0891 Type of Service District Name Non Biss Milleage So Non So Non So Non Milleage So Non Biss Milleage So Non So Non Milleage So Non Biss Milleage So Non Mil	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
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Route # Length of Route (miles per day) 76 Sus Route Mileage Sus	County Name			County Number		District Nan	ne		Legal Entity Number
Sala Total Sus South Mileage Sala Sa	Teton			50		Fairfield I	Fairfield Public Schools		0890 0891
Sus Route Mileage	Route #	Leng	th of Route	(miles per day)		Type of Ser			Rated Capacity
Vehicle I.D. # License # District Owned District Owned District Hiss, Name of Owner Contracted rise, Name of Owner Contracted rise per mile	3	76						age	58
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Legal Entity 0890 Legal Entity 0891 Legal Entity Legal Entity Number of Preschool/Kindergarten pupils riding (Grades PK-8) Regular (include eligible Preschool/Kindergarten numbers) 1st Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS TOTA	1588		434						
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	This Application for Registration	n of Scl	hool Bus and	d State Reimbursemer					
Orginature Orian, County Transportation Continues				committee.				Date	



This form is required in accorda receives state reimbursement e								ach bus route that
Due Dates All Routes				ober	ty Supt 1	To OPI October 15		\$1.15
County Name			County Number		District Nam	ne		Legal Entity Number
Teton			50		Fairfield F	Public Schools		0890 0891
Route #	Length of	Route (miles per day)		Type of Service ☐ Bus Route Mil ☐ Non Bus Milea			Rated Capacity
2	97				Bus Rout	e Mileage		58
Vehicle I.D. #	Lice	nse #			District Ow	ned [If so, Name of Owner	District Own	ed
1195	419	9				rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity			state/county budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	al Entity	1		Legal Entity		Legal Entit	ty
0890		80	391					
% 50.00	9	% 50.0	00		%		%	
PASSENGER INFORMATION		, , , , ,						_
Number of Preschool/Kindergar this route	rten pupils ri	riding	ELEMENTARY (Grades Pl		ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
			a NUMBE	R	b R NUMBER		2	c a + b
Regular (include eligible Preschool/	Kindergarten	riders)						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
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Signature - Chair, Board of Trustees			, , , , , ,				Date	
County This Application for Registration area assigned to it by the County	of School I	Bus and	State Reimbursement			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport							Date	



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Teton Fairfield Public Schools 0890 0891 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 100 48 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 8169 298 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0890 0891 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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Due Date All Routes	•	ounty Supt	To OPI October 15	I	Rate Per Mile \$0.95		
County Name		County Number	District Nan	ne		Legal Entity Number	
Teton		50	Dutton K-	-12 Schools		0893	
Route #	Length of Route		Type of Ser		leage	Rated Capacity	
2-9	99		Dua Davit	□ Non Bus Mileage		48	
Vehicle I.D. #	License #		☐ District Ow	Bus Route Mileage District Owned District O			
6859	221		□ Contract - I	If so, Name of Owner I rate per mile	JIGHIOL GWI		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0893	Legal Enti		Legal Entity			tity	
0/ 100.00	0/		0/		0,		
% 100.00 PASSENGER INFORMATION	%		%		%		
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		a NUMBER)	b NUMBEF	>	c a + b	
Regular (include eligible Preschool/l	Kindergarten riders)	NOMBLI	\	NOWBEI	`	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
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County This Application for Registration		ommittee Approval as r					
area assigned to it by the Coun	ty Transportation		IGO DOCH TEVIEV	Tod and rooting that this	<u>'</u>	, maini are dansportation	
Signature - Chair, County Transportation Committee Date							



This form is required in accorda receives state reimbursement events.							
Due Dates All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$0.95	
County Name		County Number	District Nan	ne		Legal Entity Number	
Teton		50	Dutton K	-12 Schools		0893	
Route #	Length of Route	(miles per day)	Type of Sei	rvice Bus Route Mi		Rated Capacity	
1-154	154		Bus Rout	□ Non Bus Mile te Mileage	age	36	
Vehicle I.D. #	License #		□ District Ow		District Own	ed	
3903	1220			If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	ter the legal entity		e of state/county atch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0893	Legal Entity		Legal Entity	1	Legal Entit	ntity	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		a NUMBER	₹	b NUMBEF	₹	c a + b	
Regular (include eligible Preschool/k	(indergarten riders)		-		-		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
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I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		•		,	Date		
County T This Application for Registration area assigned to it by the Count	of School Bus and						
Signature - Chair, County Transporta					Date		



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Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Teton Golden Ridge Elementary 0896 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 59.5 19 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Charles S Forseth 6477 E623 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0896 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



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Due Dates All Routes		ounty Supt ber 1	To OPI October 15		Rate Per Mile \$0.95		
County Name		County Number	District Nan	ne		Legal Entity Number	
Teton		50	Greenfiel	ld Elementary		0900	
Route #	Length of Route	(miles per day)	Type of Ser	rvice Bus Route Mi		Rated Capacity	
1	58		Bus Rout	☐ Non Bus Milea Bus Route Mileage		48	
Vehicle I.D. #	License #		□ District Ow	rned [District Own	ed	
9169	11			If so, Name of Owner I rate per mile			
Reimbursement Distribution- En	ter the legal entity		e of state/county atch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0900	Legal Entir		Legal Entity			у	
% 100.00	%		%		%		
PASSENGER INFORMATION	/0		/0		/0		
Number of Preschool/Kindergart this route	en pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER	>	b NUMBER		c a + b	
Regular (include eligible Preschool/K	(indergarten riders)	NOWBE	`	NOWBE	`	a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
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